

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -4 AM 10: 04

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000003685

1. Limited Liability Company's Name

The Donna Karan Company Store LLC

2. Principal Office Address

550 Seventh Avenue, 17th Fl.

Suite, Apt. #, etc.

Attention Lynn Usdan

City & State

New York, NY

Zip

10018

Country

USA

3. Mailing Office Address

240 West 40th Street

Suite, Apt. #, etc.

Attention: Lynn Usdan

City & State

New York, NY

Zip

10018

Country

USA

4. State/Country of Formation

USA

**5. Date Organized or Qualified
To Do Business in Florida**

11/03/03

6. FEI Number

133608808

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Cynthia L. Harris
REGISTERED AGENT MUST SIGN

**Cynthia L. Harris
as its agent**

Date **3/3/05**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Donna Karan International Inc.	550 Seventh Avenue, 17th Floor	New York, NY 10018

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

[Signature]
Secretary

Date **3/01/05**

Daytime Phone # **212.768.5950**

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

REINSTATEMENT 04-05